

Peer Support and Wellness Specialist  
Application for Exam to Obtain Certification

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Request for \_\_\_\_\_  
 Accommodations \_\_\_\_\_

Date and location of preferred exam \_\_\_\_\_

Please initial. By initialing you are acknowledging the following:

\_\_\_\_\_ I have 40 hour of Peer Support training and my certificate of attendance/completion will be submitted with this application. I understand that I will not be registered until this has been received.

\_\_\_\_\_ I understand that it is recommended that I participate in quarterly co-reflection to support statewide growth and learning.

\_\_\_\_\_ I understand that it is recommended to maintain 6 (six) Continuing Education Units (CEUs) per year.

CEUs that the OCA is looking for include the following:

- Mental health and/or substance use recovery
- Peer Support
- Wellness
- Systems transformation
- Trauma Informed Care
- Community integration
- Cultural and linguistic competency
- Person/ family centered practice
- Housing, supported employment, and vocational rehabilitation
- Smoke free living
- Advocacy, etc.

\_\_\_\_\_ I understand that upon passing the quiz I will be asked to sign a code of ethics.

\_\_\_\_\_ I attest that I have lived experience with a behavioral health condition and/or trauma. I attest that I willing to self-identify my lived experience with a behavioral health condition and/or trauma while in the role of a peer supporter and when appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit all complete applications to:

Lucy Flores- Office of consumer Affairs  
 301 Centennial Mall South  
 PO Box 95026  
 Lincoln, NE 68509  
 Lucy.flores@nebraska .gov  
 Phone 402 471 7644  
 Fax 402 471 7859